



**APPLICATION**  
**Property Tax Exemption for Multifamily Housing**

(Pursuant to RCW 84.14 and Wenatchee City Ordinances 99-7 / 2001-29)

<b>Program Requirements</b>
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The proposed project must meet the following criteria for special valuation:

1. The project must be located within Wenatchee's urban center, as defined by Ordinances 99-7 and 2001-29.
2. The project must be a mixed-use or multi-family project that provides (4) four or more permanent dwelling units.
3. The project must be completed three (3) years from the date of approval of the application.
4. The project must be designed to comply with all building and zoning codes, or other applicable regulations

<b>Applicant's Information</b>
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Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

e-mail: \_\_\_\_\_

Owner's

Representative: \_\_\_\_\_

(if applicable)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

e-mail: \_\_\_\_\_

*Note: This application must be signed by the property owner of record or designee. Please provide a power of attorney if the signer of this application is other than the property owner of record.*

<b>Property Information</b>
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Interest in property:

[ ] Fee Simple [ ] Contract purchase [ ] Other (describe) \_\_\_\_\_

County Assessor's parcel account number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Legal Description (Attach separate sheet if needed): \_\_\_\_\_

**Application for Property Tax Exemption**

City of Wenatchee Department of Community Development

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<b>Project Information</b>
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Project Name or Designation: \_\_\_\_\_ Brief  
written description of the project (preliminary conceptual design, including site plan and floor plans of the units and  
structure must be submitted with this application): \_\_\_\_\_

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Type of Project (check all that apply):

☐ Residential Rental      ☐ Residential For-Sale      ☐ Mixed Use

Number of Dwelling Units Proposed: Rental \_\_\_\_\_ For Sale \_\_\_\_\_ Total \_\_\_\_\_

Floor area: Building total (sq. ft.) \_\_\_\_\_ For permanent residential occupancy (sq. ft.) \_\_\_\_\_

**Unit Information**

<u>Size/Type</u>	<u>Total # of units</u>	<u>Average Square Feet per Unit</u>
Studio	_____	_____
One Bedroom	_____	_____
Two Bedroom	_____	_____
Three + Bedroom	_____	_____
TOTAL	_____	_____

**Non-residential Space** (if applicable)

<u>Description</u>	<u>Floor Area (sq. ft.)</u>
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_____	_____
_____	_____

Projected total cost of new construction/rehabilitation: \$ \_\_\_\_\_

If mixed use: projected cost of residential improvements: \$ \_\_\_\_\_

Source of Cost Estimate: \_\_\_\_\_

Estimated construction start date: \_\_\_\_\_ Expected completion date: \_\_\_\_\_

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**CHECK ALL THAT APPLY:**

☐ **New Construction.** Will any occupied housing units be demolished? ☐ YES ☐ NO

Were any occupied housing units demolished in the past 12 months on this site? ☐ YES ☐ NO

Date of demolition (if known): \_\_\_\_\_

# of existing units to be demolished \_\_\_\_\_ # of units demolished in past twelve months \_\_\_\_\_

☐ **Rehabilitation of Vacant Units.** # of vacant housing units \_\_\_\_\_

Date units last occupied: \_\_\_\_\_ Building ☐ is ☐ is not in compliance with applicable building and housing codes (verification required—please attach).

☐ **Rehabilitation of Occupied Units.** Will four or more additional units be created as part of a rehabilitation project? ☐ YES ☐ NO

If yes, will any residents be displaced as part of this project? ☐ YES ☐ NO If yes, Why? \_\_\_\_\_

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☐ **Rehabilitation / Change of Use.** Has the building been vacant 12 months? ☐ YES ☐ NO

Does the change of use meet current zoning standards? ☐ YES ☐ NO

☐ **Permits/Approvals Received/in Process.** Have you filed any application for a land use or building permit or approval for this project? ☐ YES ☐ NO

If yes, indicate type of permit or approval and date of application:

Type: \_\_\_\_\_

Date: \_\_\_\_\_

Type: \_\_\_\_\_

Date: \_\_\_\_\_

Type: \_\_\_\_\_

Date: \_\_\_\_\_

If yes, have any permits or approvals for this project been received? ☐ YES ☐ NO

Attach copies of any permits or approvals \_\_\_\_\_.

<b>Attachments to Application</b>
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Please attach and check the following:

☐ Preliminary conceptual design, including site plan and floor plans of the multifamily units and the overall structure.

☐ For rehabilitation of an existing vacant structure, verification of non-compliance with applicable building and housing codes.

☐ Representative photographs of site and exterior of any existing structures (color xerox is acceptable)

☐ If applicable, copies of permits/approvals already received for this project.

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<b>Statement of Potential Tax Liability</b>
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If the exemption is canceled for non-compliance an additional tax will be imposed that includes: (a) the difference between the tax paid and the tax that would have been owed if it had included the value of the nonqualifying improvements dated back to the date that the improvements became nonqualifying; (b) a penalty of 20% of the difference; (c) interest at the statutory rate on the tax and penalties calculated from the date the tax would have been due without penalty if the improvements had been assessed without regard to the exemptions provided by RCW 84.14 and City of Wenatchee Ordinances 99-7 and 2001-29.

<b>Certification</b>
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As owner(s) of the land described in this application, I hereby indicate by my(our) signature(s) below that I(we) are aware of the additional tax liability to which the property will be subject if the exemption authorized by RCW 84.14 and City of Wenatchee Ordinances 99-7 and 2001-29 is canceled. I/We declare under penalty of perjury under the laws of the State of Washington that the above information and any attachments are accurate and correct to the best of my(our) knowledge.

I certify that the existing dwelling units have been vacant for a period of twelve months prior to the filing of this application. [ ] YES [ ] NO [ ] not applicable

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_